

BOOKS

Book reviews and books of interest to Tobacco Control should be sent to Simon Chapman, editor, at the address given on the inside front cover.

Two views of two-faced global violence

Global aggression: the case for world standards and bold US action challenging Philip Morris and RJR Nabisco. INFAC. New York, New York: Apex Press, 1998. ISBN 0-945257-95-3, pp 126.

Addicted to profit: Big Tobacco's expanding global reach. Ross Hammond. Washington, DC: Essential Action, 1998. pp 58. <<http://www.essential.org/action/addicted/addicted.html>>

These two small books are important because they reveal the duplicity and deceit of two large American and one British transnational tobacco companies. On the threshold of a new millennium, what more global harm from tobacco is possible? These two volumes document and illustrate the alarming answer: tobacco industry expansion and aggression in economically vulnerable countries worldwide. Although the Cold War is over, there is no Marshall plan, only a merchandising plan. And that worldwide plan is as aggressive as any war, and unfortunately, has similar consequences. While the United States and the United Kingdom fight tobacco at home, they do little to control tobacco production, sales, and damage abroad.

These presentations are important at this time of seeming decline for the tobacco industry. In the admissions of wrongdoing, settlement money for medical claims, and limits on certain advertising and promotional activities in the West, there is an illusion of a more compliant and responsible tobacco industry. Facts and pictures in these books

show that, in reality, there is no such thing as a kinder and gentler tobacco industry.

Global aggression pictures the Camel brand on traffic lights in Romania, girls in Vietnam and Cambodia handing out free cigarettes, and advertised but non-existent, Salem travel tours in Malaysia. These surreal sights are more than matched by the money being expended to capture tobacco markets in Africa, Asia, and Europe. An "Addicted to profit" table of licensing agreements, subsidiaries, or factories of the big three tobacco companies includes 99 countries, indicating their broad reach.

Predatory tobacco companies do damage to society in several ways. First, there are the disease consequences of tobacco. Although smoking is the most extensively documented cause of disease in the history of biomedical research, many among policymakers and the public do not recognise the seriousness of the problem. This is because in many developing nations tobacco merchandisers, with few exceptions, have strongly influenced the flow of information and public attitudes about tobacco use. Recent research in China shows that two-thirds of Chinese adults think that smoking does little or no harm. Although a conservative estimate of deaths from tobacco indicates that at least 60 million people have died prematurely in the last half century, estimates indicate that even with a halving of tobacco consumption, nearly three times this number will die in the first half of the next century.

Second, and just as seriously, the tobacco industry has damaged the fabric of social justice by engaging in numerous forms of moral disengagement and illegality. Moral disengagement—the disregard for moral claims—is characterised by four clusters of symptoms: re-construing harmful behaviour, obscuring causal agency, disregarding or misrepresenting harmful consequences, and blaming and devaluing victims. Tobacco company actions such as the following are a few examples of these mechanisms.

- Redefining terms like "addiction" and legal manoeuvres to challenge those asserting responsibility for harm
- Causal burden of proof challenges
- Using hired researchers and public relations scientists and conferences to misrepresent consequences
- Blaming smokers for killing themselves

This is in addition to agricultural, smuggling, and price fixing illegalities of tobacco companies and their employees. Humane societies must establish effective social safeguards against moral disengagement.

Third, and most recently, new global trends in trade have caused large transnational tobacco companies based in the United States and Britain to launch or strongly support trade actions for open markets. Although trade issues for ordinary products are important, tobacco companies, as well as health organisations worldwide, realise that tobacco is not an ordinary product. Nonetheless, trade issues are used to forward the competitive advantages of these large multinational companies. Capitalist realism, where consumption is the answer no matter what the question, makes perfect sense when you have a low-cost, universally accepted, addictive product and when past experience shows you can drive your smaller, less efficient competitors out of business and dominate emerging markets.

This last ploy is perhaps the saddest of all for unsuspecting countries that wish to show their competitive skills as part of a larger market system. Slowly, economic research is revealing the true inefficiencies of tobacco, but in the meantime, it must be asked whether specific human and cultural values that stand against the dependence, disease, and death of tobacco should be disregarded based on general economic policies masquerading as spearheads of democracy.

Although these books expose the aggression of three tobacco companies in sufficient detail, I note two flaws. First, I find *Global aggression* making many arguments, but failing to systematically develop them. It does not provide the transitions and continuity I expect in an integrated argument. Second, both books concentrate too much on describing the problem and do not ask for enough action from readers. If the point is to mobilise a "critical mass" of outraged people, then asking for signatures of support for a boycott is extremely tame action.

More importantly, this material is clearly directed at American or British readers, suggesting little defence for the citizen of the invaded country in the midst of the battle. Like advertisements that urge you not to smoke, but don't tell you how to quit, I believe that much more should have been suggested—for example, to mobilise actions like collective media advocacy, legal challenges, and moral protests. For those who want to make more of their local activism, there should be more here.

I recommend these books, but I suggest you read them with a view to following with doable and eventful actions beyond the "cease and desist" strategy they advocate.

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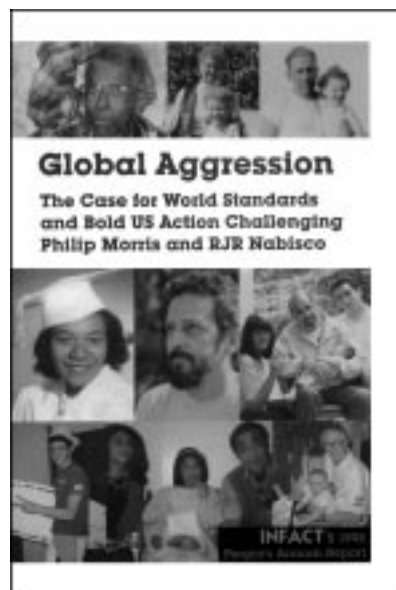
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The female smoker

The female smoker: from addiction to recovery. A professional teaching monograph. Joan A Christen, Arden G Christen. Indianapolis, Indiana: produced by Creative Services, Medical Education Resources Program, Indiana University School of Medicine, for Dental Tobacco Cessation Consultants, Inc., Indiana School of Dentistry, 1998, ISBN 1-885873-02-6.

The 1964 surgeon general's report¹ indicated that smoking was the cause of the increase in men's lung cancer rates, but only suggested an association with women's lung cancer rates and with low birthweight. For many years thereafter, women were thought to be at less risk from tobacco. After all, a smaller percentage of women than men smoked, and those who did smoked fewer cigarettes. So while the subject of women's smoking was a hot topic among tobacco marketing strategists, it often escaped the interest of public health specialists.

When women's lung cancer mortality rates in the United States started soaring, to eventually become the most important cause of cancer mortality surpassing breast cancer, women's risks were acknowledged to be the same as men's. "Women who smoke like men die like men," said former Surgeon General C Everett Koop. Indeed, recent research



indicates that women don't have to smoke like men to die like men, they may be at as much risk as men with lower smoking patterns.

Just what are the differences between men and women in relation to smoking? Do women smoke differently than men, do they smoke for different reasons, do they suffer health consequences differently, do they encounter more difficulty in quitting? Are the differences important, and will they indicate priorities for health policy makers? These are the questions that are finally being asked. It is therefore timely that a publication has recently been released as a professional teaching monograph, *The female smoker: from addiction to recovery*, by Joan A Christen and Arden G Christen, two experts with experience in cessation counselling and addiction in the context of social and family dynamics.

This monograph is an easy to read, comprehensive overview of the literature related to women and smoking in the United States, in well-arranged sections covering the social history of female tobacco use, tobacco marketing strategies for women, patterns of female tobacco use, the health consequences of smoking and exposure to others' smoking, the psychological and behavioural dynamics of female smoking, programmes and strategies for women and girls, and conclusions. Because of the importance of cultural elements in tobacco-smoking behaviour, some of the characterisations of female smoking may not resemble those in countries where few women smoke, or where the phenomenon is relatively new. The sections on tobacco industry strategies, and on health consequences are relevant to women throughout the world. The other sections give a picture of the way women's smoking may evolve in future.

The first section looks at social trends and how tobacco companies have consistently and cynically manipulated associations between cigarette smoking and emancipation. Once a rebellious behaviour for men only, cigarette smoking became a patriotic duty during the Great War, and then was seized on by adventurous women. If all women could be freed from conventions that did not allow them to smoke in public freely, then the market for tobacco sales would double. This is a theme that has been present in tobacco marketing to women since the 1920s.

The monograph presents a good analysis of the general difficulties that women may face and how these might be related to women's smoking patterns. The information on the health consequences is clear and complete, with very good coverage of the issues particularly related to the consequences of smoking during pregnancy and the terrible costs involved for women and the babies they carry. Much emphasis is given in the monograph to the tactics of tobacco control in relation to pregnancy.

The monograph looks at the unique ability of cigarette smoking to correspond to a vast range of associations. For young people, smoking can still represent "being bad without being criminal", being "defiantly rebellious and deliberately naughty", it can represent belonging to a group or separation from it, it can represent being aggressively virile or feminine. In the United States, women and men smoke for a variety of effects and most want to quit. The monograph reports the various reinforcements for smok-

ing to which many women are particularly responsive in today's relentless search for thinness, and to stifle angers and frustrations from daily life. This is relevant to other parts of the world not in the meanings that are attributed to smoking among American women and girls, but in that almost any valued attribute can be linked with tobacco use. If young women in the United States start to smoke to show their sexual maturity, young women in Greece, for example, may start smoking to show their financial independence. The authors point out that advertisers seize on what is valued to make the associations with tobacco.

In their desire to use the research available, it seems to me that the authors too easily give equal weight to studies of unequal value or difficult comparability. More importantly, they are reluctant to comment on the inconsistent results, particularly those related to the factors involved in initiation, quitting, and relapse. For example, on page 99, we read that "young girls who resist the lure of cigarette use tend to have a high sense of self-worth and competence. . . . Conversely, young girls who have diminished feelings of value, efficacy, and self-esteem characteristically rebel against authoritarian admonitions, including warnings about smoking." On page 103, we read that "teen-age girls who smoke are more self-confident, socially experienced, sexually active and rebellious against authority than their non-smoking counterparts." A number of the inconsistencies could be ascribed to the context of the studies: the population of smokers has changed from the '70s to the '90s, and the context of taking up smoking has changed.

This is an important issue, because it is the crux of the argument for women-specific tobacco-control efforts. If men and women are clearly different in their reaction to the forces that encourage or discourage smoking, that would seem to be a clear case for gender-specific treatment or prevention programmes. However, if the literature is full of inconsistent results, and it is not gender that differentiates smokers' behaviour, but instead education or social class, then the arguments for women-specific responses are much weaker. Policy response should be directed to those most at risk. Is it all women, or is it the women with poor education or limited income? Is the disadvantage of being a woman in American society enough of a reason to group all women together in terms of their needs related to tobacco? This question is not addressed in the monograph. The authors point out that the major predictor of smoking is not gender or race, but education. They indicate the wide disparity of conclusions drawn from information about women's quitting. In cessation treatment, women tend to have more difficulties than men, but this is not reflected in all trials, and the major nationwide surveys do not indicate that women are stopping any less than men. Nevertheless, the conclusions of the monograph include the statement that women have more difficulty stopping than men, and that women-specific solutions are called for.

In low income areas of the world where there is little equity between men's and women's social positions, the evolution of women's smoking may be different and this would influence the nature of "best" policy options.

As the authors note, there is still a lot we need to learn about women's entry into and

breaking away from tobacco. The reasons for uptake, maintenance, and cessation are myriad. In the United States today, there are many women who are deprived of a full range of behaviour choices; special emphasis should be placed in reaching those most in need, those who are most unlikely to be reached by any of the current tobacco control campaigns. This is true as well for other population groups in the United States. There are more men than women who smoke, even if trends are bringing rates together. In some indigenous populations, large proportions of men and women smoke, and young people of both sexes are smoking at rates reaching as high as 80%. This monograph adds to the arsenal of our understanding and appreciation of the special needs of women, and is a welcome compilation of the literature to date.

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1 US Department of Health, Education, and Welfare. *Smoking and health. Report of the Advisory Committee to the Surgeon General of the Public Health Service*. Washington, DC: Public Health Service, 1964. (PHS Publication No. 1103.

Cigar smoking

Cigars: health effects and trends. Smoking and tobacco control monograph no 9. D Burns, KM Cummings, D Hoffmann, editors. Bethesda, Maryland: US Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Publication No 98-4302, 1998. Available in full text at: <http://rex.nci.nih.gov/NCI_MONOGRAPHS/MONO9.htm>

Less than 10 years ago, a monograph on the health effects and trends in consumption of cigars would have seemed unnecessary. Until 1992, in the United States at least, cigar consumption had been declining for many decades and cigars accounted for only a small fraction of tobacco consumed. But in 1993, a large and sustained increase occurred in cigar consumption. Given this trend, it is time for an authoritative analysis of the health effects of cigars, which is provided by this National Cancer Institute monograph. It dispels any myths that cigar smoking is not harmful.

The monograph also covers trends in consumption and prevalence of smoking cigars, toxicology and pharmacology, indoor air pollution, marketing and promotion, and regulatory policies in the United States. It is a scientific report, written with a high level of scientific expertise, and covers the various topics in some detail. All chapters were peer reviewed. Nevertheless, it is easy to read; the chapter on marketing and promotion gives a fascinating account of how cigar manufacturers have promoted their products using high-profile personalities and by promoting a luxurious lifestyle associated with cigars.

The chapters on the chemistry, toxicology, and pharmacology of cigar smoke provide useful information on the constituents of smoke and their effects. For example, cigar smoke is more alkaline than cigarette smoke, and thus nicotine from cigars is more readily